



*"Service with Integrity
& Excellence"*

Arkansas Department of Community Correction

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ADMINISTRATIVE DIRECTIVE: 02-01 EMPLOYEE AWARDS/RECOGNITION

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: G. DAVID GUNTARP, DIRECTOR

SUPERSEDES: NONE

PAGE 1

APPROVED: Signature on File

EFFECTIVE: FEBRUARY 1, 2002

- I. APPLICABILITY.** This policy applies to all employees of the Department of Community Correction (DCC).
- II. POLICY.** It is DCC policy to acknowledge extraordinary employee contributions to the agency mission.
- III. PROCEDURES.**

A. Department Awards.

- 1. Performance Requirements. Award nominees must have met the following minimum requirements:
 - a. Made significant contributions to the department's mission or enhancement of it's image; and
 - b. Received an overall rating of satisfactory or above on performance evaluation rating during the award period; and
 - c. Was free of disciplinary action through the award period and process; and
 - d. Accomplishments took place between October 1st of the previous year and September 30th of the award year; and
 - e. Accomplishments fit within the scope of the nomination award category described in this policy.

2. Award Categories. The following defines the types of awards that may be presented annually, as appropriate, and the positions eligible to be nominated for the same.
 - a. Officer of the Year - DCC Probation/Parole Officers, Institutional Parole/Release Officers and Residential Supervisors who do not supervise other employees
 - b. Employee of the Year - All DCC employees, except management team members
 - c. Supervisor of the Year - All DCC supervisors except management team members
 - d. Support Staff Member of the Year -All DCC employees except those identified in a. and c above
 - e. Special Projects Recognition (optional) - All DCC employees except management team members. This recognition will be made at the discretion of the management team for significant efforts on a one time special project that enhanced or advanced the agency mission and/or goals.
 - f. Director's Award (optional) - All DCC employees. This will be awarded at the discretion of the Director. Input may be given by the management team.

B. Processing Award Nominations.

1. Nominations must be submitted to the employee's supervisor, who must promptly process the Employee Award Nomination, Form 1, through the nominee's supervision chain to the appropriate Deputy/Assistant Director by October 31st. Any supervisor may submit a nomination, excluding one for him/herself.
2. Each Deputy/Assistant Director will review and screen nominations, forwarding no more that two nominees for each category to the Human Resources Section Administrator by November 15th. The Deputy/Assistant Director may choose to use a committee to review nominations and make recommendations. Regardless of the method used, the final recommendation must include justification.
3. The Human Resources Section Administrator will take nominations, along with other supporting documentation, to the Management Team to gain a consensus on the award selections. Results will be provided to the Public Relations Officer by November 25th.

C. Award Preparations, Recognitions, and Presentation.

1. The Public Relations Officer will ensure appropriate documents are prepared and provided to the Director for presentation each December.
2. Although an employee may receive multiple nominations for multiple award categories, an employee may receive only one award per year.
 - a. All nominations must be submitted on the appropriate forms attached to this policy.
 - b. Award selections are final and may not be appealed or grieved.

IV. ATTACHMENT.

AD 02-01 Form 1a and 1b Employee Award Nomination

**Arkansas Department of Community Correction
EMPLOYEE AWARD NOMINATION**

NOMINEE: _____ **JOB TITLE:** _____
SECTION: _____ **SUPERVISOR** _____

DIVISION: Residential Services [9](#) Field Operations [9](#) Director's Staff [9](#)
Planning/Management Services [9](#) Administrative Services [9](#)

NOMINATED FOR (Select one category for each nominee):

Supervisor of the Year [9](#) Officer of the Year [9](#) Employee of the Year [9](#)
Support Staff Member of the Year [9](#) Director's Award [9](#) Special Projects [9](#)

Nominated By (supervisor's name) _____ **Phone** _____

I, _____ (nominating supervisor), certify that the award nominee above meets the awards performance requirements described in the Employee Awards/Recognition Policy.

Immediate Supervisor's Signature Printed Name Date

Others in Nominee's Supervisory Chain, If Any, Sign to Indicate Review and Approval:

Supervisor's Signature Printed Name [9](#) [9](#)
Approved Denied

Supervisor's Signature Printed Name [9](#) [9](#)
Approved Denied

Supervisor's Signature Printed Name [9](#) [9](#)
Approved Denied

Nomination Recommendation and Decision

Division Director's Signature Printed Name [9](#) [9](#)
Approved Denied

Director's Signature Printed Name [9](#) [9](#)
Selected Denied

NOTE: See justification attached

AD 02-01 Form 1a

Arkansas Department of Community Correction
Employee Award Nomination (continued)
JUSTIFICATION INFORMATION

NOMINEE: _____ DATE _____

SUPERVISOR: _____ PHONE # _____

The following is my justification for the above named employee being nominated for an award: